

U.S. Department of Justice
Federal Bureau of Investigation

National Crime Information Center (NCIC)

Missing Person File

Data Collection
Entry Guide

Agency Case Number

For Official Use Only

Missing Person Packet

Initial Report - To be completed by; reporting officer and entered into NCIC immediately.

*Personal Descriptors - To be completed by parent/legal guardian/next of kin and returned to the police agency that completed the initial report.

*Jewelry Description - To be completed by parent/legal guardian/next of kin and returned to the police agency that completed the initial report.

*Medical Forms - (Parents complete name of missing person, date of birth, and authorization to release records on Medical Information, Optic Information, and Dental History Information forms.) These forms are to be completed by missing person's physician, dentist, and optician and returned by parent/legal guardian/next of kin to the police agency that completed the initial report.

*When the forms have been completed, the parent/legal guardian/next of kin should return them to the reporting officer/agency to be added to the missing person record on file in NCIC.

Criteria For Entry Into the Missing Person File

1. Disability- A person of any age who is missing and under proven physical/mental disability or is senile, thereby subjecting himself/herself or others to personal and immediate danger.
2. Endangered - A person of any age who is missing and in the company of another person under circumstances indicating that his/her physical safety is in danger.
3. Involuntary - A person of any age who is missing under circumstances --indicating that the disappearance was not voluntary, i.e., abduction or kidnaping.
4. Juvenile - A person of any age who is missing and declared unemancipated as defined by the laws of his/her state of residence and does not meet the entry criteria set forth in 1, 2, 3, or 5.
5. Catastrophe Victim - A person of any age who is missing after a disaster.

Missing Person's Name

Date of Birth

Investigating Agency

Agency Case Number

Investigating Officer's Name

PERSONAL DESCRIPTORS

SCARS, MARKS, TATTOOS,
AND OTHER CHARACTERISTICS

Following is a list of personal descriptors. Please read carefully and place a check mark in the corresponding circle(s) for the descriptor(s) that most closely describes the physical characteristics of the missing person.

Artificial Body Parts and Aids

<input type="radio"/> Arm, left, artificial (ART L ARM) <input type="radio"/> Arm, right, artificial (ART R ARM)	<input type="radio"/> Ear, left, artificial (ART L EAR) <input type="radio"/> Ear, right, artificial (ART R EAR)
<input type="radio"/> Brace, left arm (BRAC L ARM) <input type="radio"/> Brace, right arm (BRAC R ARM) <input type="radio"/> Brace, back (BRACE BACK)	<input type="radio"/> Eye, left, artificial (ART L EYE) <input type="radio"/> Eye, right, artificial (ART R EYE)
<input type="radio"/> Brace, left leg (BRAC L LEG) <input type="radio"/> Brace, right leg (BRAC R LEG) <input type="radio"/> Brace, neck (BRACE NECK) <input type="radio"/> Brace, teeth (BRAC TEETH)	<input type="radio"/> Foot left. artificial (ART L FT) <input type="radio"/> Foot right. artificial (ART R FT)
<input type="radio"/> Contact Lenses (CON LENSES)	<input type="radio"/> Glasses {prescription} {GLASSES}
<input type="radio"/> Denture, lower only (DENT LOW) <input type="radio"/> Denture, upper only (DENT UP) <input type="radio"/> Denture, upper and lower (DENT UP LO)	<input type="radio"/> Hand. left. artificial (ART L HND) <input type="radio"/> Hand. right. artificial (ART R HND)
	<input type="radio"/> Hearing aid (HEAR AID)
	<input type="radio"/> Leg, left, artificial (ART L LEG) <input type="radio"/> Leg, right, artificial (ART R LEG)

Eye Disorders

<input type="radio"/> Blind, one eye (nonspecific) (BLIND EYE) <input type="radio"/> Blind, left eye (BLIND L EYE) <input type="radio"/> Blind, right eye (BLIND R EYE) <input type="radio"/> Blind, left and right eyes (BLIND)	<input type="radio"/> Cataract (nonspecific) (CATARACT) <input type="radio"/> Cataract, left eye (CATA L EYE) <input type="radio"/> Cataract, right eye (CATA R EYE) <input type="radio"/> Cross-eyed (CROSSEYED)
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Deafness

<input type="radio"/> Deaf one ear (nonspecific) (DEAF EAR) <input type="radio"/> Deaf left ear (DEAF L EAR) <input type="radio"/> Deaf right ear (DEAF R EAR)	<input type="radio"/> Deaf, left and right ears (DEAF) <input type="radio"/> Deaf-mute (DEAF MUTE)
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Deformities

<ul style="list-style-type: none"> o Cauliflower ear, left (CAUL L EAR) o Cauliflower ear, right (CAUL R EAR) o Cleft palate (CLEFT PAL) o Crippled arm, left (CRIP L ARM) o Crippled arm, right (CRIP R ARM) o Crippled finger(s), left hand* (CRIP L FGR) o Crippled finger(s), right hand* (CRIP R FGR) o Crippled foot, left** (CRIP L FT) o Crippled foot, right** (CRIP R FT) o Crippled hand, left (CRIP L HND) o Crippled hand, right (CRIP R HND) o Crippled leg, left (CRIP L LEG) o Crippled leg, right (CRIP R LEG) o Crippled toe(s), left (CRIP L TOE)*** o Crippled toe(s), right (CRIP R TOE)*** o Deviated Septum (DEV SEPTUM) 	<ul style="list-style-type: none"> o Extra breast (nonspecific) (EXTR BRST) o Extra breast, center (EXTR CBRST) o Extra breast, left (EXTR LBRST) o Extra breast, right (EXTR RBRST) o Extra finger(s), left hand (EXTR L FGR) o Extra finger(s), right hand (EXTR R FGR) o Extra nipple (nonspecific) (EXTR NIP) o Extra nipple, center (EXTR C NIP) o Extra nipple, left (EXTR L NIP) o Extra nipple, right (EXTR R NIP) o Extra toe(s), left foot (EXTR L TOE) o Extra toe(s), right foot (EXTR R TOE) o Harelip (HARELip) o Humpbacked (HUMPBACKED) o Mute**** (MUTE) o Protruding lower jaw (PROT L JAW) o Protruding upper jaw (PROT U JAW) o Shorter left leg (SHRT L LEG) o Shorter right leg (SHRT R LEG)
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Fractured Bones

<ul style="list-style-type: none"> o Ankle, (nonspecific) (FRC ANKL) o Ankle, left (FRC L ANKL) o Ankle, right (FRC R ANKL) o Arm (nonspecific) (FRC ARM) o Arm, left, forearm (FRC LL ARM) o Arm, right, forearm (FRC LR ARM) o Arm, left, upper (FRC UL ARM) o Arm, right, upper (FRC UR ARM) 	<ul style="list-style-type: none"> o Back (FRC BACK) o Clavicle (nonspecific) (FRC CLAVIC) o Clavicle, left (FRC LCLAVI) o Clavicle, right (FRC RCLAVI) o Fingers (nonspecific) (FRC FGR) o Finger(s) left hand (FRC L FGR) o Finger(s) right hand (FRC R FGR)
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*Includes webbed fingers.

**Includes clubfoot.

***Includes webbed toes.

****To be used if person is mute but not deaf.

Fractured Bones (Cont.)

<ul style="list-style-type: none"> o Foot (nonspecific) (FRC FOOT) o Foot. left (FRC L FOOT) o Foot. right {FRC R FOOT) o Hand (nonspecific) (FRC HAND) o Hand, left (FRC L HAND) o Hand, right (FRC R HAND) o Jaw (nonspecific) (FRC JAW) o Jaw, upper left (FRC UL JAW) o Jaw, upper right (FRC UR JAW) o Jaw, lower left (FRC LL JAW) o Jaw, lower right (FRC LR JAW) o Knee (nonspecific) (FRC KNEE) o Knee. left (FRC L KNEE) o Knee. right (FRC R KNEE) o Leg, (nonspecific) (FRC LEG) o Leg, lower (FRC LL LEG) o Leg, right, lower (FRC LR LEG) o Leg, left, thigh (FRC UL LEG) o Leg right, thigh (FRC UR LEG) o Neck (FRC NECK) 	<ul style="list-style-type: none"> o Nose (FRC NOSE) o Pelvis (nonspecific) (FRC PELVIS) o Pelvic bone. left (FRC LPELVI) o Pelvic bone. right (FRC RPELVI) o Rib(s) (nonspecific) (FRC RIBS) o Rib(s). left (FRC L RIB) o Rib(s). right (FRC R RIB) o Shoulder, (nonspecific) (FRC SHLD) o Shoulder, left (FRC L SHLD) o Shoulder, right (FRC R SHLD) o Skull (FRC SKULL) o Spine (FRC SPINE) o Sternum (FRC STERN) o Toes (nonspecific) (FRC TOE) o Toes(s), left foot (FRC L TOE) o Toes(s), right foot (FRC R TOE) o Wrist, (nonspecific) (FRC WRIST) o Wrist, left (FRC L WRST) o Wrist, right (FRC R WRST)
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Medical Devices

<ul style="list-style-type: none"> o Artificial elbow joint (ART ELBOW) o Artificial hip joint (ART HIP) o Artificial knee joint (ART KNEE) o Artificial larynx (ART LARYNX) o Artificial shoulder joint (ART SHLD) o Cardiac pacemaker (CARD PACEM) o Colostomy appliances (COLOST APP) o Intramedullary rod (INTRA ROD) 	<ul style="list-style-type: none"> o Intrauterine device (IUD) o Orthopedic nail or pin (ORTH NAIL) o Orthopedic plate (ORTH PLATE) o Orthopedic screw (ORTH SCREW) o Shunt. arterial vascular (SHUNT ART) o Shunt, cerebral ventricle (SHUNT CER8) o Skull plate (SKL PLATE) o Staples (STAPLES)
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Medical Devices (Cont.)

<ul style="list-style-type: none"> o Tubes in ears, left and right (EAR TUBES) o Tube in left ear (TUBE L EAR) o Tube in right ear (TUBE R EAR) 	<ul style="list-style-type: none"> o Vascular prosthesis (VASC FROTH) o Wire sutures (WIRE SUTUR)
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Missing Body Parts/Organs

<ul style="list-style-type: none"> o Adenoids (MISS ADND) o Appendix (MISS APPNX) o Arm. left (MISS L ARM) o Arm. right (MISS R ARM) o Arm. lower left (MISS LLARM) o Arm. lower right (MISS LRARM) o Breasts (MISS BRSTS) o Breast, left (MISS LBRST) o Breast, right (MISS RBRST) o Ear, left (MISS L EAR) o Ear, right (MISS R EAR) o Eye, left (MISS L EYE) o Eye, right (MISS R EYE) o Finger(s), left hand (MISS L FGR) o Finger(s), right hand (MISS R FGR) o Finger joint(s), left hand (MISS L FJT) o Finger joint(s), right hand (MISS R FJT) o Foot, left (MISS L FT) o Foot, right (MISS R FT) o Gallbladder (MISS GALL) o Hand, left (MISS L HND) o Hand, right (MISS R HND) o Intestines (MISS INTES) o Kidney, left (MISS L KID) o Kidney, right (MISS R KID) 	<ul style="list-style-type: none"> o Larynx (MISS LRYNX) o Leg, left (MISS L LEG) o Leg, right (MISS R LEG) o Leg, lower left (MISS LLLEG) o Leg, lower right (MISS LRLEG) o Lung, left (MISS LLUNG) o Lung, right (MISS RLUNG) o Nose (MISS NOSE) o Ovaries (MISS OVARS) o Ovary, left (MISS LOVAR) o Ovary, right (MISS ROVAR) o Pancreas (MISS PANCR) o Prostate gland (MISS FROST) o Spleen (MISS SPLEN) o Stomach (MISS STOMA) o Testis, left (MISS L TES) o Testis, right (MISS R TES) o Thyroid (MISS THYRD) o Toe(s), left foot (MISS L TOE) o Toe(s), right foot (MISS R TOE) o Tongue (MISS TONG) o Tonsils (MISS TONSL) o Uterus (MISS UTRUS)
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Moles

<ul style="list-style-type: none"> o Arm, left (MOLE L ARM) o Arm, right (MOLE R ARM) o Breast (nonspecific) (MOLE BRST) o Breast, left (MOLE LBRST) o Breast, right (MOLE RBRST) o Buttocks, (nonspecific) (MOLE BUTTK) o Buttock, left (MOLE L BUT) o Buttock, right (MOLE R BUT) o Cheek (face), left (MOLE L CHK) o Cheek (face), right (MOLE R CHK) o Chin (MOLE CHIN) o Ear left (MOLE L EAR) o Ear right (MOLE R EAR) o Eyebrow, left eye area (MOLE L EYE) o Eyebrow, right eye area (MOLE R EYE) 	<ul style="list-style-type: none"> o Finger(s), left hand (MOLE L FGR) o Finger(s), right hand (MOLE R FGR) o Forehead (MOLE FHD) o Hand, left (MOLE L HND) o Hand, right. (MOLE R HND) o Lip lower (MOLE L LIP) o Lip upper (MOLE U LIP) o Neck (MOLE NECK) o Nose (MOLE NOSE) o Wrist, left (MOLE L WRS) o Wrist, right (MOLE R WRS)
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Needle ("Track") Marks

<ul style="list-style-type: none"> o Arm, left (NM L ARM) o Arm, right (NM R ARM) o Buttock, left (NM L BUTTK) o Buttock, right (NM R BUTTK) o Finger(s), left hand (NM L FGR) o Finger(s), right hand (NM R FGR) o Foot, left (NM L FOOT) o Foot, right (NM R FOOT) 	<ul style="list-style-type: none"> o Hand, left (NM L HND) o Hand, right (NM R HND) o Leg, left (NM L LEG) o Leg, right (NM R LEG) o Thigh, left (NM L THIGH) o Thigh, right (NM R THIGH) o Wrist, left (NM L WRIST) o Wrist, right (NM R WRIST)
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Other Physical Characteristics

<ul style="list-style-type: none"> o Bald/Balding (BALD) o Cleft chin (CLEFT CHIN) o Dimplest left cheek (face) (DIMP L CHK) o Dimplest right cheek (face) (DIMP R CHK) o Freckles (FRECKLES) 	<ul style="list-style-type: none"> o Hair Implants (HAIR IMPL) o Pierced ears (PRCD EARS) o Pierced left ear (PRCD L EAR) o Pierced right ear (PRCD R EAR) o Pierced ear (one, nonspecific) (PRCD EAR) o Pierced nose (PRCD NOSE)
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Scars

<ul style="list-style-type: none"> o Abdomen (SC ABDOM) o Ankle (nonspecific) (SC ANKL) o Ankle, left (SC L ANKL) o Ankle, right (SC R ANKL) o Arm (nonspecific) (SC ARM) o Arm, left (nonspecific) (SC L ARM) o Arm, right (nonspecific) (SC R ARM) o Arm, left upper (SC UL ARM) o Arm, right upper (SC UR ARM) o Back (SC BACK) o Breast, (nonspecific) (SC BREAST) o Breast, left (SC L BRST) o Breast, right (SC R BRST) o Buttocks. (nonspecific) (SC BUTTK) o Buttock. left (SC L BUTTK) o Buttock. right (SC R BUTTK) o Calf (nonspecific) (SC CALF) o Calf, left (SC L CALF) o Calf, right (SC R CALF) o Cheek (nonspecific) (SC CHK) o Cheek (face), left (SC L CHK) o Cheek (face), right (SC R CHK) o Chest (SC CHEST) o Chin (SC CHIN) o Ear, (nonspecific) (SC EAR) o Ear, left (SC L EAR) o Ear, right (SC R EAR) o Elbow, (nonspecific) (SC ELBOW) o Elbow, left (SC L ELBOW) o Elbow, right (SC R ELBOW) o Eyebrow, (nonspecific) (SC EYE) o Eyebrow, left/left eye area (SC L EYE) o Eyebrow, right/right eye area (SC R EYE) o Face (nonspecific) (SC FACE) (Be more specific regarding location if possible.) 	<ul style="list-style-type: none"> o Finger (nonspecific) (SC FGR) o Finger(s), left hand (SC L FGR) o Finger(s), right hand (SC R FGR) o Foot (nonspecific) (SC FOOT) o Foot, left (SC L FT) o Foot, right (SC R FT) o Forearm (nonspecific) (SC F ARM) o Forearm. left (SC LF ARM) o Forearm, right (SC RF ARM) o Forehead (SC FHD) o Hand (nonspecific) (SC HAND) o Hand, left (SC L HND) o Hand, right (SC R HND) o Head (nonspecific) (SC HEAD) (Be more specific regarding location if possible.) o Knee, (nonspecific) (SC KNEE) o Knee, left (SC L KNEE) o Knee, right (SC R KNEE) o Leg, (nonspecific) (SC LEG) o Leg, left (nonspecific) (SC L LEG) o Leg, right (nonspecific) (SC R LEG) (Be more specific regarding location if possible.) o Lip (nonspecific) (SC LIP) o Lip, lower (SC LOW LIP) o Lip, upper (SC UP LIP) o Neck (SC NECK) o Nose (SC NOSE) o Pockmarks (POCKMARKS) o Shoulder, left (SC L SHLD) o Shoulder, right (SC R SHLD) o Shoulder (nonspecific) (SC SHLD) o Thigh (nonspecific) (SC THGH) o Thigh, left (SC L THGH) o Thigh, right (SC R THGH) o Wrist (nonspecific) (SC WRIST) o Wrist, left (SC L WRIST) o Wrist, right (SC R WRIST)
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Skin Discoloration (including birthmarks)

<ul style="list-style-type: none"> o Abdomen (DISC ABDOM) o Ankle, left (DISC L ANK) o Ankle, right (DISC R ANK) o Arm, left (DISC L ARM) o Arm, right (DISC R ARM) o Back (DISC BACK) o Buttocks, (nonspecific) (DISC BUTTK) o Buttock, left (DISC L BUT) o Buttock, right (DISC R BUT) o Cheek (face). left (DISC L CHK) o Cheek (face). right (DISC R CHK) o Chest (DISC CHEST) o Chin (DISC CHIN) o Ear, left (DISC L EAR) o Ear, right (DISC R EAR) o Eyebrow, left eye area (DISC L EYE) o Eyebrow, right eye area (DISC R EYE) 	<ul style="list-style-type: none"> o Finger(s), left hand (DISC L FGR) o Finger(s), right hand (DISC R FGR) o Foot, left (DISC L FT) o Foot, right (DISC R FT) o Forehead (DISC FHD) o Hand, left (DISC L HND) o Hand, right (DISC R HND) o Knee, left (DISC LKNEE) o Knee, right (DISC RKNEE) o Leg, left (DISC L LEG) o Leg, right (DISC R LEG) o Lip, lower (DISC L LIP) o Lip, upper (DISC U LIP) o Neck (DISC NECK) o Nose (DISC NOSE), o Shoulder, left (DISC LSHLD) o Shoulder, right (DISC RSHLD) o Wrist, left (DISC L WRS) o Wrist, right (DISC R WRS)
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Tattoos

<ul style="list-style-type: none"> o Abdomen (TAT ABDOM) o Ankle, left (TAT L ANKL) o Ankle, right (TAT R ANKL) o Arm, left (nonspecific) (TAT L ARM) o Arm, right (nonspecific) (TAT R ARM) (Be more specific regarding location if possible.) o Arm, left upper (TAT UL ARM) o Arm, right upper (TAT UR ARM) o Back (TAT BACK) 	<ul style="list-style-type: none"> o Breast, (TAT BREAST) o Breast, left (TAT L BRST) o Breast, right (TAT R BRST) o Buttocks (TAT BUTTK) o Buttock, left (TAT L BUTK) o Buttock, right (TAT R BUTK) o Calf, left (TAT L CALF) o Calf, right (TAT R CALF) o Cheek (face), left (TAT L CHK) o Cheek (face), right (TAT R CHK) o Chest (TAT CHEST)
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(Tattoos)(Cont.)

<ul style="list-style-type: none"> o Chin (TAT CHIN) o Ear, left (TAT L EAR) o Ear, right (TAT R EAR) o Face (nonspecific) (TAT FACE) (Be more specific regarding location if possible.) o Finger(s), left hand (TAT L FGR) o Finger(s), right hand (TAT R FGR) o Forearm, left (TAT LF ARM) o Forearm, right (TAT RF ARM) o Forehead (TAT FHD) o Groin area (TAT GROIN) o Hand, left (TAT L HND) o Hand, right (TAT R HND) 	<ul style="list-style-type: none"> o Head (nonspecific) (TAT HEAD) (Be more specific regarding location if possible.) o Knee, left (TAT L KNEE) o Knee, right (TAT R KNEE) o Leg, left (nonspecific) (TAT L LEG) o Leg, right (nonspecific) (TAT R LEG) (Be more specific regarding location if possible.) o Neck (TAT NECK) o Nose (TAT NOSE) o Shoulder, left (TAT L SHLD) o Shoulder, right (TAT R SHLD) o Thigh, left (TAT L THGH) o Thigh, right (TAT R SHLD) o Wrist, left (TAT L WRS) o Wrist, right (TAT R WRS)
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Medical Conditions and Diseases

o Heart or circulatory diseases including: high blood pressure, heart failure, heart attack, hardening of the arteries, and circulation problems.	(MC HEART)
o Liver disease including: alcoholism, cirrhosis, and hepatitis	(HC LIVER)
o Nervous conditions including: seizures, stroke, senility, and mental retardation.	(KC NERVOUS)
o Behavior disorders including: depression, suicidal tendencies (past and present), schizophrenia.	(MC BEHAVIO)
o Drug abuse	(KC DRUGAB)
o Pregnancy, past and present	(KC PREGNAN)
o Cancer	(MC CANCER)
o Allergies including asthma	(MC ALLERGY)
o Other medical disorders/ conditions not listed above, identify here _____ (Terminal Operator: List above in the MIS Field.)	(KC OTHER)

Drugs of Abuse

o Alcohol	(DA ALCOHOL)	o Marijuana	(DA MARIJUA)
o Amphetamines (Including stimulants, speed, etc.)	(DA AMPHETA)	o Narcotics Including Heroin, Morphine, Dilaudid, Methadone, etc.	(DA NARCOTI)
o Barbiturates	(DA BARBITU)	o Other drugs of abuse not listed above, identify here _____ _____	(DA OTHER)
o Cocaine	(DA COCAINE)		
o Hallucinogens	(DA HALLUCI)	(Terminal Operator: List above in MIS Field.)	

Therapeutic Drugs

o Anticonvulsants (seizure medicines) including: Dilantin, Mysoline, Phenobarbital, etc.	(TD ACONVUL)
o Hypnotics (sleeping aides) including: Barbiturates, Chloral Hydrate, Glutethemide, etc.	(TD HYPNOTI)
o Tranquilizers including: Valium, Thorazine, Stellazine, etc.	(TD TRANQUI)
o Antidepressants (mood-lifters) including: Elavil, Triavil, Norpramine, Amitriptylene, Nortriptylene, etc.	(TD ADEPRES)
o Analgesics (pain relievers) including: Darvon, Acetaminophen. Aspirin. etc.	(TD ANALGES)
o Cardiac (heart) medications including: Digitalis, Digoxin, etc.	(TD CARDIAC)
Other Therapeutic medications not listed above, identify here _____ (Terminal Operator: List above in the MIS Field.)	(TD OTHER)

Missing Person's Name

Date of Birth

Investigating Agency

Agency Case Number

Investigating Officer's Name

Jewelry Type (JWT)

Instructions: Parent/guardian/next of kin: Review the following list. If the missing person had any of the following personal accessories in his/her possession, check and describe the appropriate item(s)

<u>Jewelry Type</u>	<u>Description</u>
<input type="checkbox"/> Ankle bracelet (AB)	_____ _____
<input type="checkbox"/> Belt buckle (BB)	_____ _____
<input type="checkbox"/> Brooch or pin (BP)	_____ _____
<input type="checkbox"/> Cigarette lighter, holders, or case (CL)	_____ _____
<input type="checkbox"/> Comb (hair combs, barettes, mustache combs, picks) (CO)	_____ _____
<input type="checkbox"/> Cuff links (CU)	_____ _____
<input type="checkbox"/> Earrings (ER)	_____ _____
<input type="checkbox"/> Key chain (KC)	_____ _____

Agency Case # _____

Jewelry Type (JWT) (Cont.)

o Money clip (MC)	<hr/> <hr/>
o Necklace (NE)	<hr/> <hr/>
o Pocket knife (PK)	<hr/> <hr/>
o Pocket watch chain, fob, or vest chain (PC)	<hr/> <hr/>
o Ring (RI)	<hr/> <hr/>
o Tie chain, clasp, or tack (TC)	<hr/> <hr/>
o Wallet or purse having monogram or other unique identifiable characteristics (WP)	<hr/> <hr/>
o Watch (WA)	<hr/> <hr/>
o Wrist bracelets (WB)	<hr/> <hr/>

MEDICAL INFORMATION

Missing Person's Name

Date of Birth

Investigating Agency

Agency Case Number

Investigating Officer's Name

After completing this page, turn to the body diagram page and chart any information that would aid in the identification of the missing person. For example, artificial body parts, eye disorders, deafness, deformities, fractured bones, medical devices, missing body parts, moles, needle marks, other physical characteristics, scars, skin discolorations, and tattoos.

Are body X-rays available? Yes _____ No _____ If yes, where _____
Please obtain X-rays and release them to the parent, legal guardian, or next of kin

Name of Medical Doctor

Blood Type (including RH
Factor if known)

Street Address

City, State, and ZIP

Telephone Number

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I am the parent/legal guardian/next of kin of the above-named missing person and I hereby authorize the release of medical records to assist criminal justice agencies in locating the missing person.

Signature of Parent/Legal Guardian/Next of Kin

Date

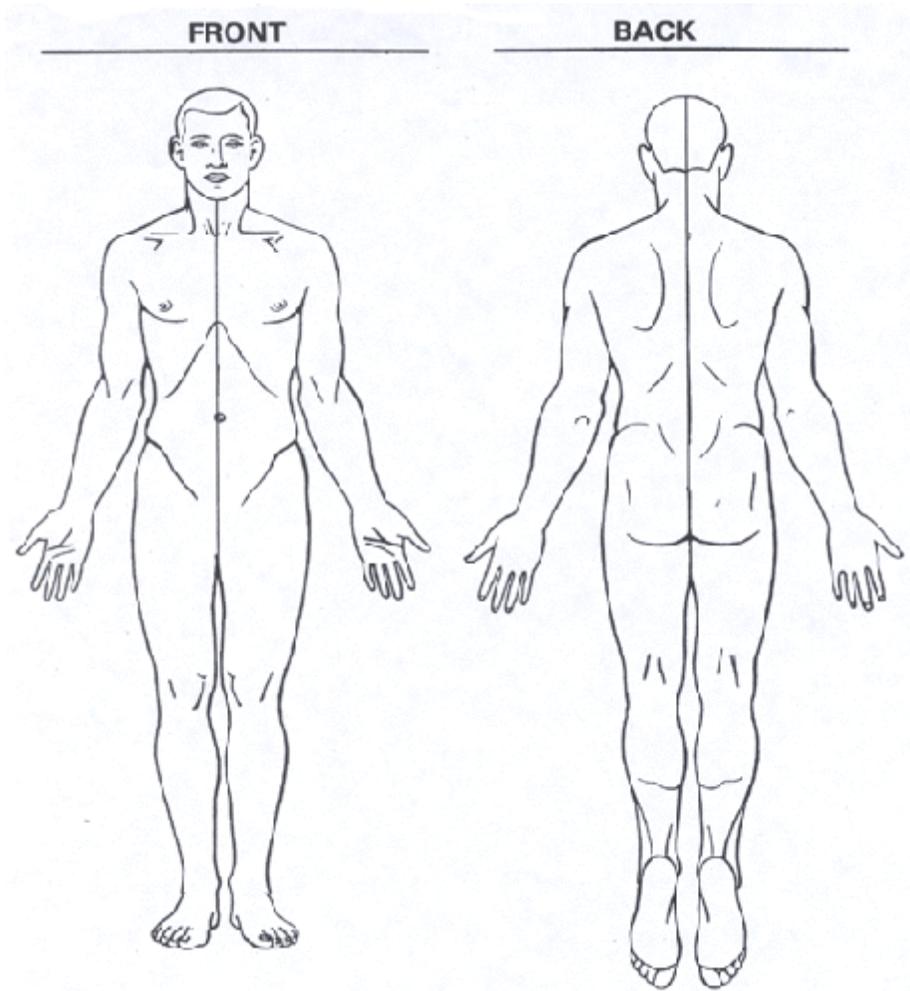
Street Address

Relationship

City, State, and ZIP

Telephone Number

To aid in the identification of the individual, if applicable, please mark the approximate location of any personal descriptors, i.e., scars, broken bones, moles, etc. Use the comments area to more fully describe any tattoos, scars, etc.



Comments: _____

OPTIC INFORMATION

Missing Person's Name _____

Date of Birth _____

Investigating Agency's Name _____

Agency Case Number _____

Investigating Officer's Name _____

Glasses or Contact Lenses: Yes _____ No _____

If contact lenses,
which type: (Circle one) Type of
Soft Hard Semi
Extended Wear

Frames _____

Prescription:

Right eye _____

Left eye _____

Comments: (Any diseases, scars,
aid in the identification of the
missing person)

Name of Optician, Optometrist, or Ophthalmologist

Street Address

City, State, and ZIP

Telephone Number

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I am the parent/legal guardian/next of kin of the above-named missing person and I hereby authorize the release of medical records to assist criminal justice agencies in locating the missing person.

Signature of Parent/Legal Guardian/Next of Kin

Date

Relationship

Street Address

City, State, and ZIP

Telephone Number

DENTAL HISTORY INFORMATION

Missing Person's Name

Date of Birth

Investigating Agency's Name

Agency Case Number

Investigating Officer's Name

The information requested on these forms will be used to assist in the identification process. Your cooperation in completing these forms is appreciated.

AUTHORIZATION TO RELEASE DENTAL RECORD

I am the parent/legal guardian/next of kin of the above-named missing person and I hereby authorize the release of medical records to assist criminal justice agencies in locating the missing person.

Signature of Parent/Legal Guardian/Next of Kin

Date

Relationship

Street Address

City, State, and ZIP

Telephone Number

Dear Doctor:

Since it is believed that you have treated the patient named on the preceding page, your assistance is requested. Your careful attention to the enclosed dental report may aid in the eventual identification of your patient who has been reported missing.

The dental report is extremely comprehensive and yet simple to use once you understand the instructions. It has been designed so that dental data can be entered into a national computer, the National Crime Information Center (NCIC), for comparison with the dental data of unidentified individuals.

Certain simplifications have been made in terminology. The report is not intended to be a clinical profile or to provide a clinical diagnosis; but, rather it is a "pointer system" for matching distinguishing features. If there are no distinguishing features for a tooth, the tooth is not coded on the report. All tooth numbers in the coding report rules refer to the Universal System. Dentists employing other systems may do so because the report will automatically accept such systems.

General Procedures for Coding the Report

Consult your models, radiographs, and records and:

1. Report the status of each tooth in the Status Column (boxes 001 through 032) using the Status Column Codes and Coding Rules.

Note: Please prepare a partial report if you do not have all teeth charted in your records.

2. Report all existing restorations (by surface) in the Restoration/Caries Columns (boxes 033 through 192) using the Restoration/Caries Column Codes and Coding Rules.
3. Report all caries by surface in the Restoration/Caries Columns (boxes 033 through 192) using the Restoration/Caries Code nine as explained in Code and Material Description.
4. Report all fixed prosthetic appliances in the Restoration/Caries Columns (boxes 033 through 192) using Restoration/Caries Column Codes and Coding Rules.
5. Report all removable appliances in the Removable Appliances Column (boxes 193 through 224) using the Removable Appliances Column Codes and Coding Rules. Note that abutment teeth retaining partial dentures and the type of attachments are also reported in the Removable Appliances Column.
6. Report any unusual/unique features in the Other Characteristics Column (boxes 225 through 256) using the other Characteristics Column Codes and coding rules.

Completion of the dental report should not take more than a few minutes under most circumstances. Thank you for your careful completion of this report form. Please be sure to retain all dental records on the missing person for future comparison purposes. If you desire release them to parent(s) and/or investigating agency. The family and friends of your patient are extremely grateful.

If you have any questions regarding the reporting of a condition, please contact the FBI NCIC Editorial/Research Staff at telephone number 202/324-5049.

TODAY'S DATE _____

X-RAYS AVAILABLE? YES ___ NO ___

PATIENT'S NAME _____

DATE LAST X-RAYS WERE TAKEN _____

DATE OF LAST TREATMENT _____

DENTAL MODELS AVAILABLE? YES ___ NO ___

CHARTING DENTIST'S NAME _____

PHOTOGRAPHS OF TEETH AVAILABLE?

CHARTING DENTIST'S ADDRESS _____

YES _____ NO _____

CHARTING DENTIST'S TELEPHONE NUMBER _____

DENTIST'S REMARKS _____

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

	FEDERATION DENTAIRE INTERNATIONALE (FDI)	DECIDUOUS	UNIVERSAL PERMANENT	STATUS	RESTORATION / CARIES					REMOVABLE APPLIANCES	OTHER CHARACTERISTICS
					MESIAL	OCCLUSAL	DISTAL	BUCCAL	LINGUAL		
UPPER RIGHT	THIRD MOLAR	18	1	001/	033/	065/	097/	128/	161/	193/	225/
	SECOND MOLAR	17	2	002/	034/	066/	098/	130/	162/	194/	226/
	FIRST MOLAR	16	3	003/	035/	067/	099/	131/	163/	195/	227/
	SECOND BICUSPID	15	A 4	004/	036/	068/	100/	132/	164/	196/	228/
	FIRST BICUSPID	14	B 5	005/	037/	069/	101/	133/	165/	197/	229/
	CUSPID	13	C 6	006/	038/	070/	102/	134/	166/	198/	230/
	LATERAL INCISOR	12	D 7	007/	039/	071/	103/	135/	167/	199/	231/
	CENTRAL INCISOR	11	E 8	008/	040/	072/	104/	136/	168/	200/	232/
UPPER LEFT	CENTRAL INCISOR	21	F 9	009/	041/	073/	105/	137/	169/	201/	233/
	LATERAL INCISOR	22	G 10	010/	042/	074/	106/	138/	170/	202/	234/
	CUSPID	23	H 11	011/	043/	075/	107/	139/	171/	203/	235/
	FIRST BICUSPID	24	I 12	012/	044/	076/	108/	140/	172/	204/	236/
	SECOND BICUSPID	25	J 13	013/	045/	077/	109/	141/	173/	205/	237/
	FIRST MOLAR	26	14	014/	046/	078/	110/	142/	174/	206/	238/
	SECOND MOLAR	27	15	015/	047/	079/	111/	143/	175/	207/	239/
	THIRD MOLAR	28	16	016/	048/	080/	112/	144/	176/	208/	240/
LOWER LEFT	THIRD MOLAR	38	17	017/	049/	081/	113/	145/	177/	209/	241/
	SECOND MOLAR	37	18	018/	050/	082/	114/	146/	178/	210/	242/
	FIRST MOLAR	36	19	019/	051/	083/	115/	147/	179/	211/	243/
	SECOND BICUSPID	35	K 20	020/	052/	084/	116/	148/	180/	212/	244/
	FIRST BICUSPID	34	L 21	021/	053/	085/	117/	149/	181/	213/	245/
	CUSPID	33	M 22	022/	054/	086/	118/	150/	182/	214/	246/
	LATERAL INCISOR	32	N 23	023/	055/	087/	119/	151/	183/	215/	247/
	CENTRAL INCISOR	31	O 24	024/	056/	088/	120/	152/	184/	216/	248/
LOWER RIGHT	CENTRAL INCISOR	41	P 25	025/	057/	089/	121/	153/	185/	217/	249/
	LATERAL INCISOR	42	Q 26	026/	058/	090/	122/	154/	186/	218/	250/
	CUSPID	43	R 27	027/	059/	091/	123/	155/	187/	219/	251/
	FIRST BICUSPID	44	S 28	028/	060/	092/	124/	156/	188/	220/	252/
	SECOND BICUSPID	45	T 29	029/	061/	093/	125/	157/	189/	221/	253/
	FIRST MOLAR	46	30	030/	062/	094/	126/	158/	190/	222/	254/
	SECOND MOLAR	47	31	031/	063/	095/	127/	159/	191/	223/	255/
	THIRD MOLAR	48	32	032/	064/	096/	128/	160/	192/	224/	256/

_____ DENTIST - CHECK HERE IS ALL 32 TEETH ARE PRESENT WITHOUT DECAY, RESTORATION, OR ANY UNUSUAL CHARACTERISTICS (TERMINAL OPERATOR - ENTER THE CODE ALL IN THE DCH FIELD.)

_____ DENTIST - CHECK HERE IS INFORMATION IS NOT AVAILABLE FOR CODING THE ABOVE CHART. (TERMINAL OPERATOR - ENTER THE CODE UNK IN THE DCH FIELD.)

Status Column Codes

(For use in boxes 001 through 032)

Code and Description

- A - Missing, closed socket (healed)
- P - Missing, open socket (not healed)
- D - Deciduous with permanent successor present
- E - Deciduous without permanent successor present (verified by X-ray film)
- F - Fractured or decayed at gingiva (crown not present)
- G - Tooth apparently prepared but not restored
- I - Impacted/incompletely erupted
- X - Information not available

Status Column Coding Rules

1. A report should be prepared even if you do not have information available on all teeth. Use code X for teeth where no information is available.
2. Only one of the above codes may be used for a tooth.
3. If none of the above codes describe the status of a given tooth leave the status box for that tooth blank (not coded).
4. unerupted teeth should not be coded as missing if evident in X-ray films.
5. Use the code D when a deciduous tooth is present, no X-ray films are available to determine whether the permanent successor is present, and it is believed that the permanent successor will follow in a normal progression. Code E should be employed only when there is X-ray confirmation.
6. If a deciduous tooth has been prepared but not restored, enter the code G.
7. Unusual mixed dentition arrangements should be noted under "Dentist's Remarks" on the dental report.

Restoration/Caries Columns Codes

(For use in boxes 033 through 192)

Code and Material Description

- 0 - Temporary type filling (cement. etc.)
- 1 - Amalgam
- 2 - Gold. other types of cast metal, or gold foil
- 3 - Acrylic/composite/bonded composite or veneer
- 4 - Porcelain fused to metal crown, porcelain fused to metal pontic, or all porcelain crown
- 5 - Any combination of 0, 1,2, 3, and 4 above, for anyone surface
- 6 - Stainless steel crown
- 7 - Temporary crown. (acrylic, aluminum, etc.)
- 8 - Not identifiable, not recorded, or not remembered
- 9 - Caries (decay) Note: Use this code only when a tooth surface has caries and no restoration.

Restoration/Caries Columns Coding Rules

1. Tooth restorations are coded by indicating the restoration material(s) present on those surfaces which have been restored. For example. if the upper right first molar (tooth #3) has only one amalgam restoration on the occlusal surface. code 1 should be entered in the box having the number 067/ (occlusal surface). The other restoration/caries boxes for tooth #3 should be left blank. For example:

										REMOV. OTHER
UPPER RIGHT	FDI	UNIV.	STATUS	M	O	D	B	L	APPL.	CHAR.
FIRST MOLAR	16	3	003/	035/	067/ 1	099/	131/	163/	195/	227/

2. Only one of the restoration/caries codes may be used in a box. If a tooth surface has two different restoration materials. e.g., amalgam and composite, enter code 5 for the appropriate surface.
3. If a tooth surface has both a restoration and caries, only the restoration should be coded. Code 9 should be used when a tooth surface has caries and no restoration.
4. When the surfaces of a tooth have been replaced by a crown, all replaced tooth surfaces must be coded. For example, if the lower right first molar (tooth #30) has a stainless steel crown, restoration code 6 would be entered on all five surfaces:

										REMOV. OTHER
LOWER RIGHT	FDI	UNIV.	STATUS	M	O	D	B	L	APPL.	CHAR.
FIRST MOLAR	46	30	030/	062/ 6	094/ 6	126/ 6	158/ 6	190/ 6	222/	254/

Restoration/Caries Columns Coding Rules (Cont.)

A combination of the restoration codes may be used in situations when porcelain has been fused to some, but not all, surfaces of a crown for aesthetic purposes. For example, a crown on the upper right cuspid (tooth #6) having porcelain fused to all surfaces except the lingual would be coded as follows:

REMOV. OTHER										
UPPER RIGHT	FDI	UNIV.	STATUS	M	O	D	B	L	APPL.	CHAR.
CUSPID	13	C 6	006/	038/ 4	070/ 4	102/ 4	134/ 4	166/ 2	198/	230/

A combination of codes may be used to indicate that a crown has a plastic veneer on less than all surfaces. For example, a metal crown on the upper left second bicuspid (tooth #13) having a plastic veneer on only the buccal surface would be coded as follows:

REMOV. OTHER										
UPPER LEFT	FDI	UNIV.	STATUS	M	O	D	B	L	APPL.	CHAR.
SECOND BICUSPID	25	J 13	013/	045/ 2	077/ 2	109/ 2	141/ 3	173/ 2	205/	237/

NOTE: The incisal surface of an anterior crown shall be considered the occlusal surface.

- Pontics on a fixed bridge should be described in the Restoration/Caries Columns. For example, if the upper left first molar (tooth #14) is replaced by a porcelain fused to metal pontic, the restoration code 4 should be entered for all five tooth surfaces as follows:

REMOV. OTHER										
UPPER LEFT	FDI	UNIV.	STATUS	M	O	D	B	L	APPL.	CHAR.
FIRST MOLAR	26	14	014/ A	046/ 4	078/ 4	110/ 4	142/ 4	174/ 4	206/	238/

If the pontic is all metal, then code 2 (instead of 4) should be entered for all five surfaces.

If there are fewer pontics than the number of teeth missing, the pontics shall be charted as the lowest number(s) of the teeth missing. For example, if teeth #3, #4, and #5 are missing and a fixed bridge spanning from tooth #2 to tooth #6 has only two pontics, the pontics are marked for teeth #3 and #4.

- When charting from X-ray films, if a restoration cannot be determined to be either buccal or lingual, it shall be considered buccal.
- When charting from X-ray films, if the buccal surface material of a crown or pontic is indeterminable, the buccal surface shall be charted using code 8, not identifiable, not recorded, or not remembered.
- When charting from X-ray films if the nature of a metallic material is indeterminable, it shall be charted as code 8 in the appropriate tooth surface box.

Removable Appliances Column Codes

(For use in boxes 193 through 224)

Code and Description

- A - Natural tooth replaced by acrylic tooth on acrylic partial denture (e.g., "flippers," etc.)
- B - Natural tooth replaced by acrylic tooth on metal frame partial denture
- C - Natural tooth replaced by porcelain tooth on acrylic partial denture
- D - Natural tooth replaced by porcelain tooth on metal frame partial denture
- E - Natural tooth replaced by metal tooth on metal frame partial denture
- F - Abutment tooth retaining partial denture, simple clasps {I-Bars, etc.}
- G - Abutment tooth retaining a partial denture with precision or semiprecision attachments
- H - Full dentures, upper or lower, all acrylic teeth {See Rule 4}
- I - Full dentures, upper or lower, all porcelain teeth {See Rule 4}
- J - Full dentures, upper or lower, combinations of porcelain, acrylic, and cutter bar teeth {See Rule 4}

Removable Appliances Column Coding Rules

1. If a person has a partial denture, all missing teeth should be coded as such in the Status Column using the status code A (missing, closed socket) or P (missing, open socket). Each replacement tooth should be described in the Removable Appliances Column using the appropriate code A through E. Note that the natural teeth retaining the partial denture should be coded in the Removable Appliances Column using the code F and/or G.
2. The above removable appliances codes should be used to describe each replacement tooth on a removable denture. NOTE: Pontics on a fixed bridge are coded in the Restoration/Caries Columns, not in the Removable Appliances Column.
3. If there are fewer replacement teeth than the number of teeth missing, the replacement teeth shall be charted as the lowest number(s) of the teeth missing. For example, if teeth #3, #4, and #5 are missing and a partial denture spanning from tooth #2 to tooth #6 has only two replacement teeth, the replacement teeth are marked for teeth #3 and #4.
4. Full dentures are charted using the removable appliances codes H, I, or J in box 193 for a full upper denture and/or box 209 for a full lower denture. If a full upper and/or full lower denture is present, it is not necessary to indicate that the teeth are missing in the Status Column. For example, if an upper denture is present, the status boxes numbered 001 through 016 (for teeth #1 through #6) should be left blank and the code H, I, or J should be entered in the removable appliances box 193. The computer will automatically code the Status Column of the appropriate upper and/or lower teeth as missing when the code H, I, or J is entered in the Removable Appliances Column in box 193 for upper and/or box 209 for lower.

Removable Appliances Column Coding Rules (Cont.)

5. In the rare case when a unique situation exists which is not covered above, please describe the situation under "Dentist's Remarks" on the dental chart.

Other Characteristics Column Codes

(For use in boxes 225 through 256)

Code and Description

- A - Tilted mesially
- B - Tilted distally
- C - Tilted buccally, including protruding anterior teeth
- D - Tilted lingually or palatally
- E - Root canal therapy completed
- F - Root canal therapy not completed
- G - Metal post in canal or retentive pins
- H - Rotated
- I - Supernumerary tooth
- J - Retained root tip
- K - Shovel-shaped incisor
- L - Retained amalgam or metal fragments imbedded in tissue adjacent to the affected tooth or tooth vicinity (e.g., amalgam tattoo)
- M - Overhang of restoration at gingival margin
- N - Diastema
- O - Orthodontic band on tooth
- P - Orthodontic bracket bonded to tooth
- Q - Functional appliances, e.g., bionator and palate expander, etc.
- R - Orthodontic arch wire
- S - Excessive wear due to tooth brushing
- T - Excessive occlusal wear (Bruxism)
- U - Severe bone loss, soft tissue pocketing, or recession
- V - Periapical pathology (granuloma, cyst, etc.)
- W - Intrinsic staining, e.g., mottling, tetracycline, etc.
- X - Torus mandibularis or palatinus (other exostosis)
- Y - Blade implant or individual tooth implant (metal, ceramic, etc.)
- Z - Implant, subperiosteal
- 3 - Surgically placed wires, e.g., fracture repair procedures
- 4 - Chipped

Other Characteristics Column Coding Rules

1. A maximum of three of the above codes may be used in the Other Characteristics box for a tooth. If more than three of the above characteristics apply to one tooth, chart the three most unique characteristics.
2. If a supernumerary tooth is present, record in the box corresponding to the closest tooth. If necessary, describe further under "Dentist's Remarks" on the dental chart.
3. Diastema is an abnormally large space between teeth which is not due to the absence of a tooth. The code N (Diastema) should be entered in the boxes for the teeth between which the space is present. For example, if teeth #7, #8, #9, and #10 are separated by spaces, the code N would be entered in the other characteristics box for teeth #7, #8, #9 and #10 (boxes 231, 232, 233, and 234).

Other Characteristics Column Coding Rules (Cont.)

4. Describe a chipped tooth under "Dentist's Remarks" on the dental chart.
5. Describe unusual positions of the teeth employing codes A, B, C, and D. If necessary, further descriptions of malocclusions may be listed under "Dentist's Remarks" on the dental chart.
6. The functional appliances code Q may be used only in box 225 (for an upper appliance) or box 241 (for a lower appliance).
7. The code R (orthodontic arch wire) may be used in boxes 225 and 241 only. An R in box 225 indicates an arch wire on the upper teeth and an R in box 241 indicates an arch wire on the lower teeth.
8. Obvious periodontal defects which would aid in identification should be recorded using code U in the box corresponding to the involved tooth or teeth. Additional clarifying descriptions should be included under "Dentist's Remarks" on the dental chart.
9. The code X (torus mandibularis or palatinus) may be used in boxes 225 and 241 only. An X in box 225 indicates torus palatinus and an X in box 241 indicates torus mandibularis.
10. The subperiosteal implant code Z may be used only in box 225 (for an upper implant) and box 241 (for a lower implant). The position of the post on a subperiosteal implant is not recorded.
11. When using the code y for a blade implant, the y is used to identify the location of the post. For example, teeth #30, #31, and #32 are missing. A blade is implanted and the post of the blade protrudes from the gingiva nearest the space previously occupied by natural tooth #31. The code y would therefore be entered in the other characteristics box for tooth #31 (box 225). If a fixed bridge is made with porcelain fused to metal crowns for teeth #28 and #29, a porcelain fused to metal pontic for the missing tooth #30, and a full metal crown for the missing tooth #31, the dental chart for teeth #28 through #32 would appear as follows :

REMOV. OTHER										
LOWER RIGHT	FDI	UNIV.	STATUS	M	O	D	B	L	APPL.	CHAR.
FIRST BICUSPID	44	S 28	028/	060/ 4	092/ 4	124/ 4	156/ 4	188/ 4	220/	252/
SECOND BICUSPID	45	T 29	029/	061/ 4	093/ 4	125/ 4	157/ 4	189/ 4	221/	253/
FIRST MOLAR	46	30	030/ A	062/ 4	094/ 4	126/ 4	158/ 4	190/ 4	222/	254/
SECOND MOLAR	47	31	031/ A	063/ 2	095/ 2	127/ 2	159/ 2	191/ 2	223/	255/ Y
THIRD MOLAR	48	32	032/ A	064/	096/	128/	160/	192/	224/	256/